



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Robert C. Haas
Secretary

The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board
One Ashburton Place, Room 1310
Boston, Massachusetts 02108-1618
Phone 617-727-0660 / 1-800-828-7222
TTY 617-727-0019
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Docket Number: _____

Thomas G. Gatzunis, P.E.
Commissioner

Thomas P. Hopkins
Director

www.mass.gov/aab

APPLICATION FOR VARIANCE
Curb cuts/sidewalks

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the location(s) described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

1. State the name and address of the owner of the project:

Tel: _____

2. State the exact location of the area in question: (i.e. n.w. corner of Main St. and Broadway) Use additional sheets if necessary to describe each location:

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3. Describe the project: (i.e. complete reconstruction of Rt. 20 from Main St. to Broadway)

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4. Check the work performed or to be performed: ☐ New Construction ☐ Reconstruction/Alteration ☐ Repair

5. Briefly describe the extent and nature of the work performed or to be performed: (Use additional sheets if necessary).

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6. State each section of the Architectural Access Board's regulations for which a variance is being requested:

6a. Check appropriate regulations: ☐ 1996 Regulations ☐ 1982 Regulations ☐ 2002 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

7. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable. State the necessary cost of the work required to achieve compliance with the regulations. **PLEASE NOTE THAT YOU SHOULD SUBMIT WRITTEN COST ESTIMATES AS WELL AS PLANS JUSTIFYING THE COST OF COMPLIANCE.** Use additional sheets if necessary.

8. Has the project been out bid? _____ Has the contract been awarded? _____
8a. If the contract has been awarded, what date was it awarded? _____
8b. Has the project been completed? _____
8c. If work has been completed, state the date work began _____ Completion date: _____
9. State the estimated cost of the total project: _____
10. Has any other work been performed at this location within the past 36 months? _____
11. Is this project funded by the Massachusetts Highway Department? _____
12. Has the project been accepted by the city or town? _____ If yes, state the date of acceptance: _____
13. To the best of your knowledge, has a complaint ever been filed on this project relative to accessibility?
_____ yes _____ no

14. State the name and address of the architectural or engineering firm including the name of the individual architect or engineer responsible for preparing drawings of the project:

_____ TEL: _____

15. State the name and address of the local or state official responsible for overseeing this project:

_____ TEL: _____

PLEASE NOTE: The Board may, in its discretion, hold a hearing on your application for variance. The Board may also decide your application without a hearing, based upon the information you submit. You should therefore include all relevant information with your application. At minimum the plans should include a site plan, all floor plans, elevations, sections and details. **Photographs of existing conditions are extremely important.**

Date: _____

Signature of owner or authorized agent

PLEASE PRINT:

Name

Address

City/Town

State

Zip Code

Telephone

PLEASE ENCLOSE:

A FILING FEE OF \$50.00 (CHECK/MONEY ORDER) MADE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS, AS WELL AS THREE COPIES OF THE ORIGINAL APPLICATION FOR VARIANCE AND ALL ADDITIONAL SUPPORTING DOCUMENTATION.